CQC Registration

A meeting for Essex LMCs
2nd May 2012

Who am I?

- Dr Guy Watkins
- Chief Executive of Cambridgeshire LMC
- GP member of the CQC National Advisory Group for GP registration

This meeting

- Designed to keep you up to date
- Help you plan what to do (and not to do)
- Clear up some confusions
- Break some more myths

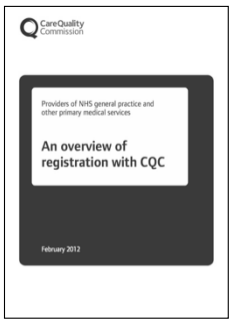
This meeting

- Will probably be a bit reassuring
- Will probably not have all the answers
- Aims to be empowering
- Is before Mid Staffs Francis Report

Contents

- Background
- Registration Process and Timetable
- Key principles of CQC registration
- Judgements, decisions and next steps

- Published end of February 2010
- One of the key CQC publications
- CQC website



Prof Haslam

- We are confident that the majority of practices and providers of primary care are of good quality and are already doing everything that needs to be done to be compliant with the Essential Standards of Quality and Safety. However, we also know that some of the language and terms we use regarding regulation is unfamiliar.

Registration timetable

- Originally was due April 2012, and then delayed to April 2013
- But...

Registration timetable

- April 2013 is CQC deadline for registration, not your deadline for application
- Whole process taking place later this year

3 stages of registration

- Account set up
- Application stage
- Processing

Account set up

- CQC invites you to set up website account - this will be in July
- You will need to have decided some things by then
- You will then be able to start filling in application form on line

Account set up

- Invitation letter gives you a one time password
- Choose a contact name and email address, and password
- This is probably the Practice Manager - responsible for entering information, not for declaring the information true

Account set up

- Choose a 28 day window between September and December for submission
- Can not change it
- Must not miss it
- First come first served for slots

Application stage

- Between September and December
- In your chosen 28 day window
- All done on line
- 3rd party software won't work
- Save, review, print and submit

Processing

- CQC processes, and returns questions or decision
- They will use other data sources
- After Registration in April 2013 law applies, compliance checking begins

Key principles

- CQC registers *providers* who carry out *regulated activities* at *locations* and monitor compliance against *essential standards of quality and safety*

Providers

- Providers - not a straightforward concept
- Not the same as a practice, a surgery, a GP, a contract holder - and not the same as a Provider in the NHS performers list regulations

Providers

- For CQC a provider must be either
  - an individual
  - an organisation
  - a partnership

Individuals

- Single handed GP
- Though may not appear to be single handed
- Must hold one or more contracts
- Directly responsible
- Register in own name

Organisation

- Companies (share or guarantee)
- LLPs
- Registers as a legal body
- People who control body don't register
- People who work for body don't register

Partnership

- Most local practices
- The whole partnership registers
- A partnership = the partners
- Joint and several (unlimited) liabilities

Partnership

- Who are the partners?
- What about non-GP partners?
- What happens with a change?
- What about salaried partners etc?
- Do we need a partnership agreement?

Each provider

- Only registers once for CQC
- Should be invited
- Know what you are called

3 models

- But also think about
  - Joint ventures
  - Hosting
  - Renting

Before July

- Need to decide type of provider before registration account set up
- Need to resolve all confusion over partnership structures and liabilities

Before July

- CQC need to decide how partnership changes can be treated in law
- These include 24 hr retirement etc
- CQC need to consider if a provider can change legal status without becoming a new provider
- Special significance for single handed GPs

Some people

- 1st account holder
- Partner account holder (if not above)
- Nominated person
- Registered manager

Nominated person

- Only applies for organisations (not individual or partnership applications)
- Responsibility for management of different regulated activities
- Needs to be a director, manager or company secretary

Registered Manager

- Remember CQC speak
- Personal legal responsibility shared with provider

Registered Manager

- Partnerships / organisations must have one
- Individuals may have one
- Can have more than one

Registered Manager

- Have to demonstrate their fitness
- Day to day responsibility for regulated activities
- Need to be accompanied by proper power and authority
- Not an administrative role

Registered Manager

- If the Registered Manager is not a partner the responsibilities and liabilities become very complicated
- This is due to the role and not the person

A steer

- I offer a clear steer that the Registered Manager should always be a member of the partnership, or a director of the organisation
- Being a registered manager for an individual, is in my view, not to be recommended

A steer

- For most practices I see the Registered Manager as being the senior (or lead / managing) GP partner
- But the first account holder (July) should be the practice manager!

Fitness

- Criteria in the regulations about fitness of individuals, partners, and registered managers
- GPs in this role will need GMC number, others will need CQC sponsored CRB

Fitness

- Asked if certain information is available
- Some won't be (easily)

Key principles

- CQC registers *providers* who carry out *regulated activities* at *locations* and monitor compliance against *essential standards of quality and safety*

Regulated activities

- 15 regulated activities
- Not the same as "service types"
- All have strict definitions
- Each provider registers for all their regulated activities

Service Types

- DCS / DTS
- Useful in the guide to standards
- Non-statutory
- Registration may ask you, may not

Regulated activities

- You need to be thinking now about which regulated activities you provide, and will need to register for
- They need thinking about as they don't all mean what they are called
- The application form is not allowed to have default options (apparently!)

"Must do"

- Treatment of disease, disorder and injury

"Must do"

- Diagnostic and Screening procedures
- More than BP, urine dip sticks and PEFR
- Cervical cytology, phlebotomy, ambulatory BP monitoring

"Probably do"

- Surgical procedures
- But more than additional services (cryo / curettage)
- All other enhanced services minor surgery, excluding toenails

"Probably do"

- Maternity and midwifery services
- As part of the additional service
- Does not include midwifes employed by trusts working in your surgery

"Possibly do"

- Family planning services
- Completely misnamed - only applies for IUCD fitting (even excluding other LARCs)

"Probably don't do"

- Transport services, triage and medical advice provided remotely
- Sounds like you might, but definition highlights body must be established for purposes of triage

"Probably don't do"

- Nursing care
- Personal care
- These definitions cover other services, even though you are involved in both

"Odds and ends"

- Accommodation (three types)
- MHA detained patients
- Blood & products
- TOP
- Slimming clinics

Regulated activities

- I reckon 2 you are (Rx and screening)
- 2 probably (Surgery and Maternity)
- 1 possibly (IUCD)
- 10 you won't be

Regulated activities

- Declaration (not till application)
- Covers NHS / Private
- Illegal to fail to declare
- Can be changed later - but loss of some flexibilities in transition (see later)

Regulated activities

- (In time) You have to be compliant with all the essential standards of quality and safety for each regulated activity

Key principles

- CQC registers *providers* who carry out *regulated activities* at *locations* and monitor compliance against *essential standards of quality and safety*

Locations

- You have to be compliant with all the essential standards of quality and safety for each regulated activity...
- ...at each Location

Locations

- Like all things CQC, words mean what they mean for CQC, and not what they mean anywhere else

Locations

- Locations are places where regulated activities are provided or managed
- Different ways of reading that
- CQC have their own way (which we like)

Locations

- For a general practice, a location is linked to the registered list of patients

Locations

- If one provider has two practices - two registered list of patients - they have two locations
- (Even if they are in the same building)

Locations

- If one provider has two surgeries - that share a registered list of patients - they have one location
- (Even if they are in different places)

Locations

- The number of locations you have might matter in the fee structure
- The number of locations and declaring compliance
- Having fewer locations is a good thing
- Declaring too few is a bad thing

Key principles

- CQC registers *providers* who carry out *regulated activities* at *locations* and monitor compliance against *essential standards of quality and safety*

Essential Standards

- The Essential Standards of quality and safety are the standards that all providers must meet when registered with the CQC
- Set out in 28 different regulations

- Published March 2010
- Updated recently
- Not written for GPs

Application

- Declare compliance (or not) with 16 essential standards
- For each Regulated Activity
- At each Location

Non-compliance

- Registration will not be refused for declaration of non-compliance
- Transitional relief
- Required to submit action plan (2000 characters on why, what and how)
- Don't have to (can't) submit any evidence

Compliance

- Declaring compliance does not guarantee registration without question
- Have to be compliant (from day 1) if you declare you are - no transition
- Don't have to (can't) submit any evidence

Choice

- Declaration of (non) compliance is a choice
- Your choice needs to be made on a factual assessment, but it is a choice

Choice

- If you judge you are compliant, choice is easier

Choice

- If you judge you may not be compliant
  - if you declare you are not, you have to have an action plan - specific, measurable, achievable, relevant and timely - and gain transitional rights and a new deadline
  - if you declare you are, you need to be able to explain your judgement

16 core standards

- Respecting and involving
- Consent
- Care and Welfare
- Nutrition
- Cooperation
- Safeguarding
- Cleanliness and infection
- Medicines management
- Premises
- Equipment
- Workers
- Staffing
- Supporting workers
- Monitoring
- Complaints
- Records

Problems

- They don't make sense
- Just tell me what to do....
- They are not relevant
- Nutrition - come on!
- Infection control
- Premises

They don't make sense

- The regulations, and annoyingly the guidance, applies to all providers
- Prompts - things to have regard to
- Focused on outcomes

Just tell me what to do

- Remember the GMC and Good Medical Practice
- Remember judgement and professionalism
- Regulation is not about taking control

They are not relevant

- The standards all have varying relevance
- Make a declaration of compliance as appropriate
- Inspectors will want to know why you have declared compliance - looking for evidence of sound professional judgement

Nutrition - come on!

- Only relevant where food and hydration is provided as a component of the regulated activity
- Rarely the case for GPs
- Can't declare non-compliance without an action plan
- Most practices therefore compliant

Infection control

- DH guidance
- Primary Care focus
- Depends on what you are doing
- All about professional judgement and risk assessment / rational explanation

Premises

- Compliance does not mean perfect premises
- Non-compliance needs a SMART plan
- Compliance is possible after risk assessment, and reasonable appropriate steps to manage / mitigate risk

Out of practice control

- "If a practice is doing everything in its power to make sure patients are not put at risk or disadvantaged due to circumstances that are outside of their control, then we would take this into consideration. We would certainly not refuse or revoke a registration unless patients are seriously at risk of harm as a result of unsafe premises"

Compliance

- "Our standards are outcome based, which means CQC checks the quality of care people are receiving and what their experience has been. We do this largely by speaking to patients, their families and carers, and to staff, and by observing care where appropriate."

Compliance

- "When we inspect, we will be asking GPs, nurses and practice managers how you assure yourselves about the quality of care."

Compliance

- "What this means in practice is that when we inspect your service we will usually focus on checking compliance with the essential standards by talking to patients and to staff. If we have any concerns or if we need to explore anything further, we may ask to see documentary evidence."

Compliance

- It is expected that all GP providers will be inspected every two years
- Details over how this will work are being piloted

After Registration

- After 2013 the CQC will start monitoring compliance
- They will work with other NHS bodies
- They will publish findings
- They have enforcement powers

After Registration

- But...
- Your LMC will still be there!